



North Central Indiana Housing

Warsaw Housing Authority | Goshen Housing Authority | Housing Opportunities of Warsaw

Dear Kosciusko County Applicant:

Please complete the enclosed pre-application and return it to WHA/GHA. You may return it by mail, fax, e-mail or in person during normal business hours.

To have your name placed on the waiting list, you are **required** to supply the following information. The enclosed **form must be completed**.

1. List all names of persons requesting to live in the assisted unit.
2. Social Security Numbers listed for each person.
3. List all current income, sources and amount.
4. Declaration of citizenship or Eligible Immigrant Status.
5. Declare if you have ever resided in subsidized housing or received Housing Choice Voucher assistance.
6. Declare charges, arrests, or convictions of any crimes

The pre-application will be reviewed for eligibility and your name will be placed on the waiting list in the order it was received. If you are found not to qualify, you will be given a written notice within 10 days and the right to an appeal.

Those elderly or disabled, living in Kosciusko County, working in Kosciusko County, homeless or at risk of institutionalization are eligible for a preference on the waiting list. To qualify for these preferences you must submit one of these verifications with your pre-application:

1. Proof of address
2. Current pay stub
3. Disability award letter

To ensure you remain on the wait list you are REQUIRED to inform us of any changes in address, family size, job, or school.

You will receive written notification by mail when your name comes up on the waiting list to attend a briefing towards receiving a voucher. The wait time varies by the number of applicants.

Regretfully, we are unable to accept phone calls concerning wait list status.

If you have any additional questions, please call (574) 269-7641. Our business hours are: Monday – Wednesday, Friday 8:00 am – 4:30 pm, Thursday 1:00 pm – 4:30 pm

Sandra Austin
Deputy Director

109 W Catherine St PO Box 387
Milford, In 46542
Phone: 574-269-7641 or 574-533-9925
Fax: 574-696-1039



PERSONAL DECLARATION HCV KOSCIUSKO COUNTY

For PHA Use Only

Preference _____ Eligible _____ Initials _____
 Score _____ Voucher Size _____ Date/Time _____

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING HOUSEHOLD INFORMATION. IF A SUBJECT DOES NOT APPLY TO YOU, PLEASE ENTER N/A (not applicable).
THIS FORM MUST BE FILLED OUT COMPLETELY.
PLEASE USE INK AND PLEASE PRINT.

Other Preferred Language

- | | |
|---|---|
| <input type="checkbox"/> I speak Spanish (Hablo Español) | <input type="checkbox"/> I want a free translator (Quiero a un traductor libre) |
| <input type="checkbox"/> I would like literacy assistance (Hearing or vision impaired, or difficulty reading) | <input type="checkbox"/> I waive my right to a free translator |

I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME. LIST HEAD OF HOUSEHOLD FIRST

ADULT (FULL LEGAL NAME) All members 18 and over	DATE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	(M) Married (SP) Separated (D) Divorced (S) Single	RACE (W) White (A) Asian (B) / (AA) Black/African American (AI) American Indian (NH) Native Hawaiian/ Other Pacific Islander	ETHNICITY (H) Hispanic (NH) Non-Hispanic
1.			HEAD				
2.							
3.							

CHILDREN (Under 18) (FULL LEGAL NAME)	DATE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	ABSENT PARENT (S) NAME AND ADDRESS IF APPLICABLE
1.					
2.					
3.					
4.					
5.					

CURRENT ADDRESS:	MAILING ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
HOME PHONE:	WORK PHONE:

II: PREFERENCE CATEGORIES

ANSWER EACH QUESTION	YES	NO
RESIDENCY: Are you currently living in Indiana?		
ELDERLY: Are you 62 or over?		
DISABLED: Are you or a family member defined as disabled? *		
WORKING: Are you currently working in Indiana?		
HOMELESS: Are you currently homeless? *		
INSTITUTIONALIZATION: Are you currently living or at risk of placement in an institution, nursing home, long term rehabilitation center or hospital? *		

* If you answered yes to any of the above, please request verification forms!

III. GENERAL INFORMATION

IF SEPARATED OR DIVORCED, LIST NAME AND ADDRESS OF SPOUSE/EX-SPOUSE AS FOLLOWS:

NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
SOC. SEC. NUMBER:	SOC. SEC. NUMBER:

LIST THE NAME, ADDRESS AND PHONE NUMBER OF TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU:

NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PHONE:	PHONE:

IV. TOTAL HOUSEHOLD INCOME:

IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED? () YES () NO IF YES: ANSWER THE FOLLOWING:

NAME OF HOUSEHOLD MEMBER EMPLOYED	PLACE OF EMPLOYMENT
1.	
2.	
3.	

LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD.

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Workers' Compensation
Financial Assistance to attend school	Retirement Payments	Unemployment Benefits	Other

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME	SOURCE OF INCOME (SEE LIST ABOVE)	AMOUNT RECEIVED FROM SOURCE OF INCOME	INDICATE IF AMOUNT IS RECEIVED WEEKLY, SEMI-MONTHLY, OR ANNUALLY

V. ASSETS: ASSETS HELD BY ALL HOUSEHOLD MEMBERS ARE TO BE DISCLOSED:

DO YOU OR ANY HOUSEHOLD MEMBERS OWN, JOINTLY OWN, OR HAVE AN INTEREST IN ANY OF THE FOLLOWING?

	YES	NO		YES	NO
HOUSE			BOAT		
MOBILE HOME			STOCKS/BONDS		
LAND, LOT, ACREAGE			OTHER REAL ESTATE		

IF YES: EXPLAIN:

DO YOU OR ANY HOUSEHOLD MEMBERS HOLD OR JOINTLY HOLD ANY OF THE FOLLOWING?

	YES	NO	ACCOUNT NUMBERS (List all)	BANK/COMPANY (List all)
SAVINGS ACCOUNT (S)				
CHECKING ACCOUNT (S)				
LIFE INSURANCE (S)				
IRA/ 401K (S)				
RETIREMENT FUND (S)				

ANSWER EACH QUESTION	YES	NO	COMMENTS
1. DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD HELP YOU PAY BILLS, GIVE YOU MONEY OR PROVIDE FOR YOUR LIVING EXPENSES?			IF YES, LIST PROVIDER NAME AND AMOUNT
2. HAS ANY MEMBER OF THE HOUSEHOLD EVER RECEIVED ASSISTANCE FROM AN AGENCY OR HOUSING AUTHORITY FOR RENT AND UTILITIES?			IF YES, LIST AGENCY OR HA NAME AND YEAR
3. DO YOU PAY FOR CHILDCARE EXPENSES?			IF YES, LIST CAREGIVER NAME AND AMOUNT
4. DOES ANOTHER PERSON OR AGENCY HELP YOU PAY YOUR CHILDCARE EXPENSES?			IF YES, LIST PROVIDER NAME AND AMOUNT
5. ARE YOU CURRENTLY PAYING ON MEDICAL EXPENSES NOT COVERED BY INSURANCE?			IF YES, LIST PROVIDER NAME AND AMOUNT
6. ARE YOU CURRENTLY ATTENDING SCHOOL OR TRAINING CLASSES?			IF YES, LIST SCHOOL OR TRAINING CENTER
7. IF YES: DO YOU RECEIVE GRANTS OR FINANCIAL AID?			IF YES, LIST PROVIDER AND AMOUNT

VI. MISCELLANEOUS

ANSWER EACH QUESTION	YES	NO
1. HAS ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CHARGED, ARRESTED OR CONVICTED OF ANY CRIME? IF YES, WHAT CRIME? _____		
2. HAS ANY MEMBER OF THE HOUSEHOLD EVER COMMITTED ANY FRAUD, MISREPRESENTED INFORMATION IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN ASKED TO REPAY MONEY FOR ANY REASON? IF YES, WHERE? _____		
3. DO YOU CURRENTLY OWE ANY HOUSING AUTHORITY MONEY FOR ANY REASON? IF YES: WHERE? _____ NAME USED: _____		
1. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN EVICTED FROM PUBLIC HOUSING, INDIAN HOUSING, SECTION 23 HOUSING OR HOUSING ASSISTED BY THE HOUSING CHOICE VOUCHER PROGRAM, FOR DRUG-RELATED CRIMINAL ACTIVITY? IF YES, WHERE AND WHEN? _____		

ANSWER EACH QUESTION	YES	NO
1. ARE ALL HOUSEHOLD MEMBERS CITIZENS OF THE UNITED STATES?		
2. IF NO, CAN YOU SUPPLY ELIGIBLE IMMIGRANT STATUS?		
3. INDICATE TOTAL NUMBER OF HOUSEHOLD MEMBERS WHO ARE UNITED STATES CITIZENS:		

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME IS TRUE AND CORRECT.

I ALSO UNDERSTAND THAT ALL CHANGES IN ADDRESS, INCOME, ASSETS, ALLOWANCES AND DEDUCTIONS, AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS, MUST BE REPORTED IN WRITING TO THE HOUSING AUTHORITY WITHIN 10 DAYS OF OCCURRENCE.

FURTHERMORE, I UNDERSTAND THAT ANY FALSE OR FRAUDULENT STATEMENTS OR WILLFUL OMISSIONS OF INFORMATION MAY BE REGARDED AS WILLFUL MISREPRESENTATION AND MAY RESULT IN THE DENIAL OR TERMINATION OF MY RENTAL ASSISTANCE.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

SIGNATURE OF HEAD OF HOUSEHOLD:	DATE:
SIGNATURE OF SPOUSE	DATE:
SIGNATURE OF OTHER ADULT:	DATE:
SIGNATURE OF OTHER ADULT:	DATE:

Your household composition and income will be verified when your name reaches the top of the waiting list. If verifications cannot be obtained, you may be determined not eligible, and your name will be removed from the waiting list. Those not providing requested verifications for preference status will not be given preference. This Preliminary Application is an information sheet and does not constitute any commitment by Warsaw Housing Authority for rental assistance or formal correspondence. If funds are not available for assistance, your pre-application will be kept on file and considered for assistance when funds become available and according to program selection criteria. In order to keep your application current, please notify this office, in writing, to report any changes in mailing address or household composition.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.